

1997 Health Care Survey of DoD Beneficiaries:

Summary Report on Catchment Areas for Region 10

July 1998

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Executive Summary

The Health Care Survey of DoD Beneficiaries (HCSDB) is designed to answer the following five questions:

- How *satisfied* are DoD beneficiaries with their health care?
- How *accessible* is health care at military and civilian facilities?
- How *knowledgeable* are beneficiaries about TRICARE and TRICARE Prime, and what are the sources of information about TRICARE?
- What health care *services* do beneficiaries use, and what are the *sources* of those services?
- How much and what types of, *preventive health care* do beneficiaries use?

Conducted annually since 1995 and sponsored by the Office of the Assistant Secretary of Defense (Health Affairs) [OASD(HA)], the survey is conducted under the authority of the National Defense Authorization Act for Fiscal Year 1993 (P.L. 102-484). This report presents the key findings of the 1997 HCSDB for adults for catchment areas in Region 10. The findings are summarized below.

Satisfaction

- In Region 10, CTF patients (82 percent) were more likely than MTF patients (63 percent) to be satisfied with their care. Satisfaction with CTF care is greater than satisfaction with MTF care in every Region 10 catchment area.
- The percentage of patients satisfied with MTF care is lowest (57 percent) at Onizuka AS Clinic and highest (71 percent) at Travis AFB. The civilian benchmark for satisfaction with health care is 89 percent, according to the 1997 Household Survey developed by the Center for Studying Health System Change.
- In Region 10, the proportion of enrollees who are satisfied with TRICARE Prime (59 percent) is less than the proportion of patients who are satisfied with MTF care in general (63 percent). The percentage of enrollees satisfied with TRICARE Prime varies little across catchment areas, ranging from 53 percent at Onizuka AS Clinic to 62 percent outside of Region 10 catchment areas.
- In Region 10, satisfaction with civilian care (69 to 85 percent) is greater than satisfaction with military care (61 to 66 percent) among every type of beneficiary. In Region 10 catchment areas, satisfaction with CTF care is greater than satisfaction with MTF care among most types of beneficiaries. At Travis AFB, however, active duty personnel are more satisfied with MTF care than with CTF care.
- Of the beneficiaries in Region 10 who reported being enrolled in TRICARE Prime, active duty enrollees (45 percent) were less likely than non-active duty enrollees (76 percent) to re-enroll. Among non-enrollees, those under age 65 (12 percent) were more likely than those age 65 or over (3 percent) to enroll in the next 12 months. These region-wide patterns also apply to all of the individual catchment areas in Region 10.
- In Region 10 overall, satisfaction with TRICARE Prime is greater among enrollees who have a civilian PCM (66 percent) than among enrollees who have a military PCM (55 percent). At NH LeMoore and Onizuka AS Clinic, however, enrollees with a military PCM are just as satisfied as those with a civilian PCM.

Access to Care

- Of the beneficiaries in Region 10 who used an ER in the past 12 months, non-active duty TRICARE Prime enrollees (18 percent) were more likely than other types of beneficiaries (13 to 14 percent) to report using the ER because they could not get an appointment with their usual health care provider. The percentage of active duty enrollees who used an ER because they could not get a regular appointment is lowest (7 percent) at Travis AFB and highest (30 percent) at Beale AFB.
- In Region 10, TRICARE Prime enrollees (5 to 6 percent) are less likely than non-enrollees (9 to 12 percent) to wait more than 30 days for a routine care appointment. A 30-day wait is the TRICARE standard for a routine care appointment. In all catchment areas, fewer than 10 percent of TRICARE Prime enrollees wait more than 30 days for an appointment.
- In Region 10, MTF patients (20 to 28 percent) are more likely than CTF patients (12 to 16 percent) to wait more than 30 minutes to see a provider. The TRICARE standard for office waiting periods is 30 minutes. Among TRICARE Prime enrollees in Region 10 who receive care from a MTF, long office waits are most prevalent (27 to 34 percent) at Travis AFB and among patients outside of a catchment area.
- Thirty percent of patients in Region 10 reported that they had never tried to use a MTF. Other frequently cited reasons for not receiving care at a military facility are the distance to a MTF (38 percent), the closing of the MTF usually used by the beneficiary (29 percent), and the difficulty of making an appointment at a MTF (21 percent). At Beale AFB, the lack of available appointments for the beneficiary is a commonly cited reason for not using a MTF.

Knowledge of TRICARE

- In Region 10, 38 percent of beneficiaries reported having no knowledge of TRICARE. The percentage of beneficiaries with no knowledge of TRICARE is lowest (23 percent) at Beale AFB and highest (45 percent) at Onizuka AS Clinic.
- Among beneficiaries in Region 10 who reported knowing at least a little about TRICARE, retirees, survivors, and their family members age 65 or over (46 percent) were more likely than other types of beneficiaries (17 to 27 percent) to have unclear information about enrolling in TRICARE Prime. The percentage of active duty personnel with unclear information about enrolling in TRICARE Prime is highest (33 percent) at Beale AFB.
- In Region 10, beneficiaries who reported knowing at least a little about TRICARE most frequently cited the following as sources of information about TRICARE: information packages mailed to beneficiaries (58 percent), a TRICARE presentation (33 percent), and a visit to the TRICARE service center (28 percent). Other commonly cited sources of information in some catchment areas are a military base newspaper, friends and neighbors, and the TRICARE information number.

Source of Care

- In Region 10, 11 percent of active duty beneficiaries used a military pharmacy to fill a prescription written by a civilian provider. The same is true for 17 percent of active duty family members; 19 percent of retirees, survivors, and family members under age 65; and 29 percent of retirees, survivors, and family members age 65 or over. The percentage of active duty beneficiaries using a military pharmacy to fill a civilian prescription is highest (17 to 18 percent) at Beale AFB and NH LeMoore.
- In Region 10, 94 percent of active duty personnel use a MTF for their regular source of care, as do 64 percent of active duty family members. In contrast, this is true for only 24 percent of retirees and their family members under age 65, and 11 percent of retirees and their family members age 65 or over. The majority of these beneficiaries use a CTF instead. This pattern also appears in most catchment areas in Region 10.

Use of Care

- The percentage of MTF patients with six or more outpatient visits was highest at Travis AFB and lowest at Beale AFB and Onizuka AS Clinic. The percentage of CTF patients with six or more outpatient visits was highest at Onizuka AS Clinic and lowest at NH LeMoore.
- The percentage of MTF patients with no outpatient visits was highest at Onizuka AS Clinic and lowest at NH LeMoore and Travis AFB. The percentage of CTF patients with no outpatient visits was highest at Travis AFB and NH LeMoore, and lowest outside of Region 10 catchment areas.

Preventive Care

- Nearly all MHS beneficiaries (95 to 97 percent) had a blood pressure screening in the past two years, as did 94 to 97 percent of beneficiaries in Region 10. All of these results exceed the civilian Healthy People 2000 goal of 90 percent. In every catchment area of Region 10, over 90 percent of each type of beneficiary had a blood pressure screening in the past two years.
- In Region 10, non-active duty beneficiaries enrolled in TRICARE Prime were the least likely (77 percent) to have had a cholesterol screening in the past five years, while non-enrollees age 65 or over (94 percent) were the most likely. The percentage of active duty enrollees who had a cholesterol screening in the past five years equals or exceeds the Healthy People 2000 goal of 75 percent in all catchment areas. The percentage is lowest (75 percent) at NH LeMoore and highest (88 percent) at Travis AFB.
- In Region 10, 86 percent of female beneficiaries age 50 or over had a breast cancer screening in the past two years. This result exceeds the Healthy People 2000 goal of 60 percent and the civilian benchmark of 56 percent. The percentage of female beneficiaries age 50 or over who had a breast cancer screening in the past two years varies little across catchment areas, ranging from 83 percent outside Region 10 catchment areas to 89 percent at Travis AFB.
- In Region 10, female beneficiaries who were enrolled in TRICARE Prime (91 to 96 percent) were more likely than their non-enrolled counterparts (79 to 84 percent) to have had a Pap smear in the past three years. All of these results exceed the Healthy People 2000 goal for adults (75 percent) and the civilian benchmark of 56 percent.
- Ninety-two percent of the female beneficiaries in Region 10 who were pregnant at some point during the year preceding the survey received prenatal care during the first trimester. This result exceeds the Healthy People 2000 goal of 90 percent and the 76 to 84 percent observed in the civilian sector.
- In Region 10, between 71 and 88 percent of male beneficiaries age 50 or over had a prostate screening in the past two years. The American Cancer Society recommends an annual prostate exam for men age 50 or over. Among non-enrollees, the percentage of male beneficiaries age 50 or over who had a prostate screening in the past two years is highest at NH LeMoore and lowest at Beale AFB.

Enrollment and Beneficiary Health Status

- Of the beneficiaries in Region 10 who reported knowing at least a little about TRICARE, 50 percent are enrolled in TRICARE Prime. The level of enrollment in TRICARE Prime is lowest (44 percent) at Onizuka AS Clinic and among beneficiaries outside of a catchment area. The level of enrollment is highest (64 percent) at Beale AFB.
- In Region 10, between 40 and 56 percent of beneficiaries have a composite physical health score below the age-adjusted median score for the U.S. population. The result of 40 percent among active duty beneficiaries indicates that this group is healthier than civilians of the same age. Active duty enrollees at Beale AFB tend to be less healthy than the average beneficiary in Region 10, while those at NH LeMoore and outside of catchment areas tend to be healthier than the average active duty beneficiary.

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Chapter

1

Introduction

The Health Care Survey of DoD Beneficiaries (HCSDB) is a survey of a large, randomly selected and representative sample of U.S. Department of Defense (DoD) health care beneficiaries. Conducted annually since 1995 and sponsored by the Office of the Assistant Secretary of Defense (Health Affairs) [OASD(HA)], the survey is conducted under the authority of the National Defense Authorization Act for Fiscal Year 1993 (P.L. 102-484).

This document is one of a series of reports on the 1997 HCSDB. This chapter outlines the basic framework of the survey, how to use its findings, and findings of note.

Research Questions

The HCSDB is designed to answer the following five questions:

- How *satisfied* are DoD beneficiaries with their health care?
- How *accessible* is health care at military and civilian facilities?
- How *knowledgeable* are beneficiaries about TRICARE and TRICARE Prime, and what are the sources of information about TRICARE?
- What health care *services* do beneficiaries use, and what are the *sources* of those services?
- How much, and what types of, *preventive health care* do beneficiaries use?

This report presents the key findings of the 1997 HCSDB for adults for catchment areas in Region 10. Lead Agents are encouraged to share the findings with their staff members and each officer responsible for a catchment area in their region. The report is designed to provide relevant information to Lead Agents and medical treatment facility (MTF) commanders to inform their management of issues affecting the military health care system and its facilities.

Reports in the Series

This report is the second in a series of three companion reports for Region 10, which include the following:

- **The 1997 Health Care Survey of DoD Beneficiaries: Key Findings for Region 10.** This report summarizes the key findings for the region. Together with complementary reports on the other 12 TRICARE regions, it serves as an executive summary of the entire study. Each of the 13 reports provides a brief overview of the purpose, background, and methodology of the survey; suggestions on how to use the survey findings; and data exhibits and summaries of findings for each of the five principal research questions listed on page 1.
- **The 1997 Health Care Survey of DoD Beneficiaries: Summary Report on Catchment Areas for Region 10.** This report presents key survey results for each catchment area in the region. The report also contains an executive summary of the purpose and methodology of the survey.
- **The 1997 Health Care Survey of DoD Beneficiaries: Technical Regional Report for Region 10.** This report has three functions. First, it presents a complete and detailed documentation of the survey methodology and is to be used as a reference. Second, it presents a complete set of survey results for the region. Third, it presents key survey results for each catchment area in the region.

Background

Title VII, Subtitle C, of the National Defense Authorization Act for Fiscal Year 1993 directs the U.S. Secretary of Defense to conduct an annual survey of DoD beneficiaries to assess their knowledge and use of the military health care system (MHS) as well as their satisfaction with the system's accessibility and quality of care. In 1993, DoD assigned responsibility for the survey to OASD(HA), which designed the survey in 1994 and sponsored its administration in 1995, 1996, and 1997. Following the 1995 and 1996 surveys, OASD(HA) provided a regional report on the survey findings to each Lead Agent.

In the summer of 1997, OASD(HA) sponsored a re-evaluation of these regional reports. United HealthCare performed the assessment, interviewing several Lead Agents and their staff members and making recommendations to OASD(HA) for future reports. The reports in this 1997 series are based on those recommendations.

How to Interpret the Survey Findings

Focusing on the research questions underlying the HCSDB is the best way to understand and make use of the survey findings. Those questions, outlined on page 1, reflect two sets of variables.

The first set of variables comprises the *outcome* (or dependent) *variables*. These include answers to survey questions on beneficiaries' satisfaction with their health care, barriers to accessing care, knowledge of TRICARE, use of health care and preventive services, and sources of health care.

The second set of variables comprises the *explanatory* (or independent) *variables*, which may help explain differences in one or more of the outcome variables listed above. Exhibit 2.1 in Chapter 2, for example, presents findings on beneficiaries who reported being satisfied with their health care in each catchment area in Region 10. The exhibit addresses the question: "How does the satisfaction of beneficiaries (the outcome variable) differ across catchment areas (the explanatory variables)?" In other words, does the location of beneficiaries in a particular catchment area appear to affect their level of satisfaction?

Throughout the regional and catchment area reports in this series, all exhibits display the outcome variable on the vertical axis (the Y-axis) and the explanatory variables on the horizontal axis (the X-axis). For example, in Exhibit 2.1, the height of a given bar represents the average percentage of beneficiaries who reported being satisfied with their health care in the catchment area indicated on the horizontal axis.

It is important to recognize that the results of any survey are not strictly precise. The statistics presented in this report are *estimates* of the true answers to the research questions, both because the survey is based on a sample, rather than on a census of the entire population in the Defense Enrollment Eligibility Reporting System (DEERS), and because some of the people surveyed chose not to respond. The survey design does, however, allow us to evaluate how precise the estimates are.

The margin of error for estimates based on all beneficiaries or all patients in Region 10 is about 2 percentage points. The margin of error for estimates based on TRICARE Prime enrollees in Region 10 is less than 4 percentage points. The margin of error for estimates based on all beneficiaries or patients in a single catchment area is roughly 3 to 6 percentage points. Estimates based on smaller subgroups, such as pregnant women, may be considerably less precise. The *Technical Report on Region 10* in this series presents a more detailed discussion of these issues, such as standard errors, weighting of the completed questionnaire, and adjusting the data to account for non-respondents.

Methodology

In September 1997, the Defense Manpower Data Center (DMDC) drew a random sample of DoD beneficiaries from the DEERS database that is representative of all persons in the system as of July 14, 1997. DEERS includes all persons eligible for a MHS benefit: personnel activated for more than 30 days in the Army, Air Force, Navy, Marine Corps, Coast Guard, Commissioned Corps of the Public Health Service, National Oceanic and Atmospheric Administration, and National Guard or Reserve, as well as other special categories of people who qualify for health benefits. DEERS covers active duty personnel and their families as well as retirees and their family members.

In November and December 1997, Data Recognition Corporation mailed the survey questionnaire to 156,388 adults and 30,253 parents of sampled beneficiaries under age 18. Of the adult questionnaires, 78,857 were completed and returned by the due date of March 31, 1998, for a response rate of 50.8 percent. Of the child questionnaires, 14,293 were completed and returned by the due date, for a response rate of 47.4 percent.

Both the adult questionnaire (Form A) and the child questionnaire (Form C) include a variety of survey questions designed to answer the five research questions listed on page 1, although the child questionnaire covers them in somewhat less detail. The Form A survey questionnaire may be found in Appendix E of the Technical Regional Report.

The sample for Region 10 included 5,278 adults and 2,500 parents of sampled children. Of the adults, 2,791 returned completed questionnaires by the due date, for a response rate of 53.9 percent; 1,230 parents of sampled children did the same, for a response rate of 49.6 percent.

To ensure that the survey results would be representative of the DEERS population, Mathematica Policy Research, Inc. (MPR) adjusted the data to reflect the characteristics of the initial sample and to correct for the sampled individuals who chose not to respond to the survey. The data in this report are therefore estimated to be representative of the population of persons eligible for military health care in Region 10. The survey methodology and analysis are described in detail in "The 1997 Health Care Survey of DoD Beneficiaries (HCSDB): Technical Manual".

The HCSDB in Context with Other Data Sources

The HCSDB, one of several DoD health surveys, is unique in that it provides information that is unavailable from any other DoD health survey. Specifically, the HCSDB is the only survey covering the topics listed on page 1 for *all* DoD beneficiaries. The other DoD health surveys represent only a portion of the beneficiary population. Thus, the HCSDB is the only source of information on these topics for the entire population a Lead Agent or a MTF commander is charged with.

The following summary shows how the HCSDB differs from other DoD data sources:

- **Health Enrollment Assessment Review (HEAR).** The health status findings of the HCSDB are not comparable to those of the HEAR because the surveys represent different populations. The HCSDB represents all MHS beneficiaries as of a single date, July 14, 1997, and their survey responses between December 1997 and March 1998 (for the 1997 HCSDB). In contrast, the HEAR represents those who enrolled in TRICARE during the previous year; the results are considered a part of the patient's medical record as a managed care tool, and are seldom accessible for making generalizations.

New enrollees do not, in general, have the same health status or other characteristics as the population of all beneficiaries. For example, new enrollees are younger, on average, than other beneficiaries, and their health status is therefore different from that of older beneficiaries.

- **MTF Customer Satisfaction Survey.** The HCSDB results on satisfaction are not comparable to the results of the Customer Satisfaction Survey, again because the two surveys represent different populations. The HCSDB results represent the satisfaction of all DoD beneficiaries regardless of the source of care, whereas the Customer Satisfaction Survey results represent the satisfaction of patients, that is, those who visit a MTF or other military clinic. Moreover, the Customer Satisfaction Survey queries its sample members immediately following the person's visits to the MTF or clinic and asks about that specific visit. The results will be significantly different if an individual is generalizing their satisfaction over an extended period, as in the HCSDB, as compared to focusing on a specific visit.
- **Survey of Health-Related Behaviors among Military Personnel (SHRBMP).** The preventive care results of the HCSDB are not comparable to those of the SHRBMP because the two surveys represent different populations. While the HCSDB results represent the preventive care of all DoD beneficiaries, the SHRBMP results represents only active duty personnel. The SHRBMP focuses on specific behaviors that put the active duty member or his family at risk of illness or injury. Further, the HCSDB is annual, while the SHRBMP is fielded once every 18 months to three years.
- **MHS Performance Report Card.** Although several performance measures in the MHS Performance Report Card appear to be the same as certain HSCDB measures, comparing the findings of these two surveys is not meaningful for two reasons. First, the Report Card represents an individual MTF, while the HSCDB represents all beneficiaries in a geographic area such as a region or a catchment area. Second, the Report Card presents secondary data; that is, it reconfigures data from other sources of health care information. Specifically, performance measures that appear to be the same as ones in the HSCDB are, in fact, based on HSCDB data. Other performance measures are based on MTF Customer Satisfaction Survey data or on Standardized Inpatient Data Records.

The Findings in Context with a National Civilian Benchmark

Exhibit 2.1 in the next chapter compares the percentage of DoD beneficiaries who are satisfied with their health care with a national benchmark of civilian satisfaction. The national civilian benchmark is based on the 1997 Household Survey conducted by the Center for Studying Health System Change in Washington, D.C. The Center is a not-for-profit research organization funded by the Robert Wood Johnson Foundation in Princeton, New Jersey. The Household Survey collected data on satisfaction with health care in 1997 from approximately 1,300 families in 60 sites nationally. Satisfaction measures included overall health care, choice of providers, technical quality of care received at last visit, and provider-patient communication.

Preventive Care Standards

Chapter 7 examines the use of preventive care, such as routine physicals and mammography. Beneficiaries' actual use of preventive care is compared to civilian standards, which represent desired goals of preventive care use in the civilian sector. Beneficiaries' actual use of preventive care is also compared to civilian benchmarks, which represent actual preventive care use among civilians.

Most of the civilian standards are based on Healthy People 2000 preventive care goals. The American Cancer Society guideline is used for prostate screening because no standard is given in Healthy People 2000. Civilian benchmarks are based on data published by the National Center for Quality Assurance and the National Center for Health Statistics.

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Chapter

2

Satisfaction with TRICARE and TRICARE Prime

This chapter is designed to answer the question, “How *satisfied* are (DoD) beneficiaries with their health care?” The HCSDB measures satisfaction by asking beneficiaries to rate their military care overall, their civilian care overall, and specific aspects of each type of care using a 5-point scale. For most of the questions, the scale ranges from *excellent* to *poor*. For a few questions, the beneficiary is asked whether or not he or she agrees with a statement about health care. The scale for those questions ranges from *strongly agree* to *strongly disagree*.

The key findings about satisfaction are presented below. A Performance Improvement Plan for each catchment area in Region 10, based on these findings, is included in Chapter 9.

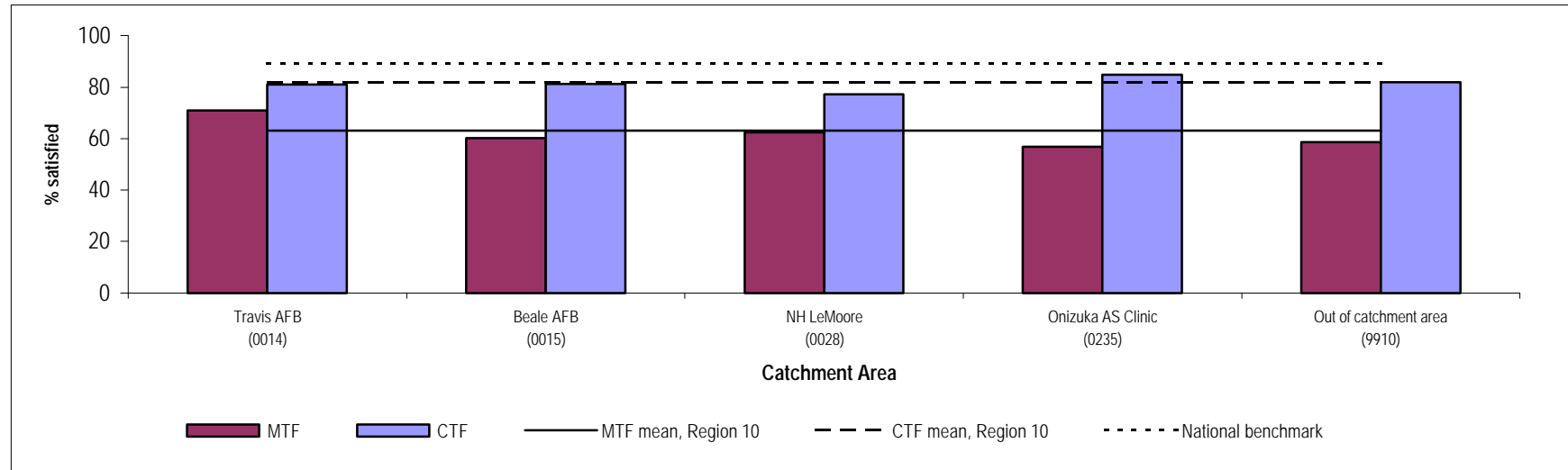
All Beneficiaries Who Received Care in the Past 12 Months

- In Region 10, CTF patients (82 percent) were more likely than MTF patients (63 percent) were to be satisfied with their care. Satisfaction with CTF care is greater than satisfaction with MTF care in every Region 10 catchment area.
- The percentage of patients satisfied with MTF care is lowest (57 percent) at Onizuka AS Clinic and highest (71 percent) at Travis AFB. The civilian benchmark for satisfaction with health care is 89 percent, according to the 1997 Household Survey developed by the Center for Studying Health System Change.
- In Region 10, the proportion of enrollees who are satisfied with TRICARE Prime (59 percent) is less than the proportion of patients who are satisfied with MTF care in general (63 percent). The percentage of enrollees satisfied with TRICARE Prime varies little across catchment areas, ranging from 53 percent at Onizuka AS Clinic to 62 percent outside of Region 10 catchment areas.
- In Region 10, satisfaction with civilian care (69 to 85 percent) is greater than satisfaction with military care (61 to 66 percent) among every type of beneficiary. In Region 10 catchment areas, satisfaction with CTF care is greater than satisfaction with MTF care among most types of beneficiaries. At Travis AFB, however, active duty personnel are more satisfied with MTF care than with CTF care.

Enrolled Beneficiaries

- Of the beneficiaries in Region 10 who reported being enrolled in TRICARE Prime, active duty enrollees (45 percent) were less likely than non-active duty enrollees (76 percent) to re-enroll. Among non-enrollees, those under age 65 (12 percent) were more likely than that age 65 or over (3 percent) to enroll in the next 12 months. These region-wide patterns also apply to all of the individual catchment areas in Region 10.
- In Region 10 overall, satisfaction with TRICARE Prime is greater among enrollees who have a civilian PCM (66 percent) than among enrollees who have a military PCM (55 percent). At NH LeMoore and Onizuka AS Clinic, however, enrollees with a military PCM are just as satisfied as those with a civilian PCM.

2.1 Patients Satisfied with the Care They Received at a Military (MTF) or Civilian (CTF) Treatment Facility, by Catchment Area and Compared to a National Civilian Benchmark



Population:

Patients who received some care at a MTF or CTF or both during the 12 months preceding their survey response

Sample size: 2,566

Vertical axis:

The percent of the sample who "strongly agree" or "agree" they are satisfied with the care they received

Survey questions: 51a and 66a

What the exhibit shows:

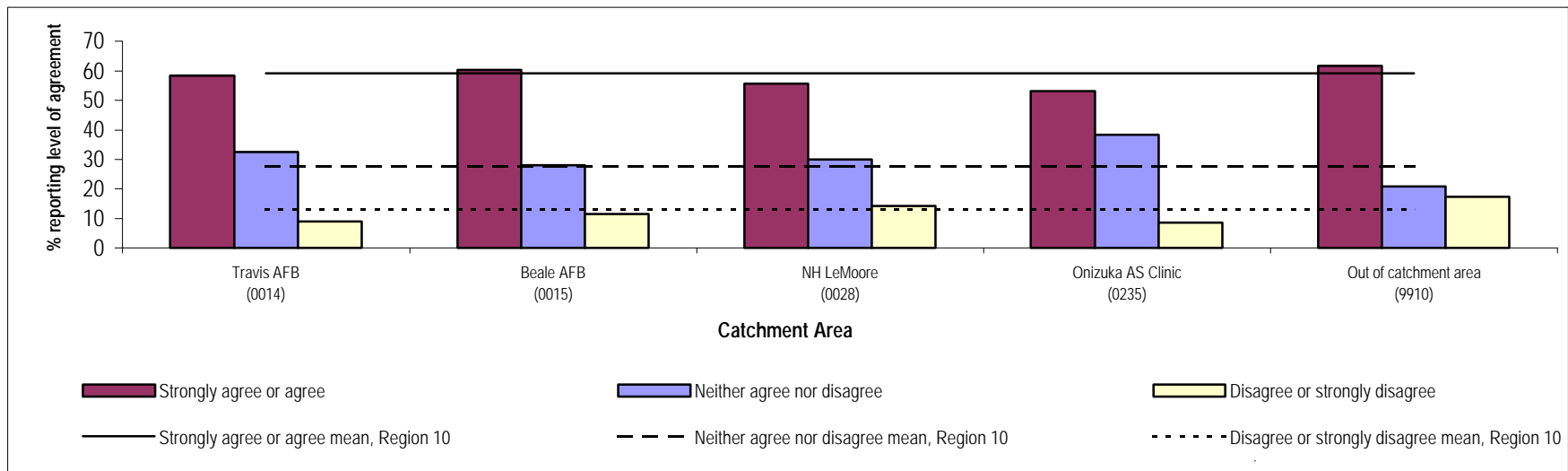
- How satisfaction with care varies across catchment areas in Region 10
- How satisfaction at MTFs compares to that at CTFs
- How MHS satisfaction rates compare to a national benchmark for civilians' satisfaction

Findings:

Beneficiaries who received some care at a MTF or CTF or both during the 12 months preceding the survey are referred to as patients throughout this report. In Region 10, CTF patients (82 percent) were more likely than MTF patients (63 percent) to be satisfied with their care. The civilian benchmark for satisfaction with health care is 89 percent, according to the 1997 Household Survey developed by the Center for Studying Health System Change.

Satisfaction with CTF care is greater than satisfaction with MTF care in every Region 10 catchment area. The percentage of patients satisfied with MTF care is lowest (57 percent) at Onizuka AS Clinic and highest (71 percent) at Travis AFB. The percentage of patients satisfied with CTF care varies little across catchment areas, ranging from 77 percent at NH LeMoore to 85 percent at Onizuka AS Clinic.

2.2 TRICARE Prime Enrollees' Levels of Satisfaction with TRICARE Prime, by Catchment Area



Population:

Beneficiaries enrolled in TRICARE Prime, including both those who received care in the 12 months preceding their survey response and those who did not

Sample size: 920

Vertical axis:

The percent of the sample reporting a given level of satisfaction

Survey question: 82a

What the exhibit shows:

- How satisfied TRICARE Prime enrollees are with the care they receive
- How satisfaction levels vary across catchment areas

Findings:

Fifty-nine percent of the TRICARE Prime enrollees in Region 10 reported being satisfied with the care they received, while 13 percent reported being dissatisfied. The proportion of enrollees who are satisfied with TRICARE Prime (59 percent) is less than the proportion of patients who are satisfied with MTF care in general (63 percent).

The percentage of enrollees satisfied with TRICARE Prime varies little across catchment areas, ranging from 53 percent at Onizuka AS Clinic to 62 percent outside of Region 10 catchment areas.

2.3 Percent of Patients Satisfied with the Military or Civilian Care They Received in Each Catchment Area, by Type of Beneficiary

Catchment Area	Population	Type of Beneficiary							
		Active Duty Personnel		Active Duty Family Members		Retirees, Survivors, and Family Under Age 65		Retirees, Survivors, and Family Age 65 or Over	
		MTF	CTF	MTF	CTF	MTF	CTF	MTF	CTF
Travis AFB (0014)	59,403	67.3	54.1	67.0	84.8	72.0	79.6	79.6	88.0
Beale AFB (0015)	13,481	53.9	84.9	65.6	78.4	64.4	80.9	60.6	82.1
NH LeMoore (0028)	15,274	51.6	72.5	59.4	80.8	78.9	75.8	73.6	80.1
Onizuka AS Clinic (0235)	23,084	54.9	78.3	60.2	81.1	64.9	85.6	39.6	84.8
Out/Area-Reg 10 (9910)	106,836	61.8	74.3	67.9	85.6	57.7	79.6	51.6	84.6
Region 10 Overall	218,077	61.4	68.6	65.6	83.9	64.6	80.2	61.2	85.0
MHS Average	5,539,478	57.1	74.4	55.8	80.6	61.5	83.3	63.1	85.1

Population:

Patients who received some care at a MTF or CTF or both during the 12 months preceding their survey response

Sample size: 2,566

Survey questions: 51a and 66a

What the exhibit shows:

- Whether some patients are more satisfied with their care than others
- Whether satisfaction varies by type of facility
- How findings vary across catchment areas

Findings:

Satisfaction with civilian care in Region 10 is greater than satisfaction with military care among every type of beneficiary. Between 61 and 66 percent of beneficiaries are satisfied with MTF care, compared with 69 to 85 percent who are satisfied with CTF care. Active duty personnel and their family members are generally less satisfied with MTF care than are retirees, survivors, and their family members.

In all catchment areas in Region 10, satisfaction with CTF care is greater than satisfaction with MTF care among most types of beneficiaries. At Travis AFB, however, active duty personnel are more satisfied with MTF care than with CTF care. Note that in many catchment areas, the sample of active duty CTF patients is too small to yield accurate estimates of satisfaction.

2.4a Percent of Beneficiaries Likely to Enroll or Re-enroll in TRICARE Prime in Each Catchment Area, by Enrollment Status

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
Travis AFB (0014)	41,789	44.7	77.9	22.5	1.8
Beale AFB (0015)	10,708	49.4	77.9	14.7	1.9
NH LeMoore (0028)	11,593	55.6	76.9	9.7	0.0
Onizuka AS Clinic (0235)	13,142	53.1	61.7	18.6	11.5
Out/Area-Reg 10 (9910)	64,805	38.8	77.7	7.2	2.1
Region 10 Overall	142,037	45.0	76.4	12.3	3.4
MHS Average	3,803,675	51.4	69.4	16.8	4.5

Population:

Beneficiaries reporting knowing at least a little about TRICARE

Sample size: 1,703

Survey question: 83

What the exhibit shows:

- Whether beneficiaries are likely to enroll or re-enroll in TRICARE Prime
- How that likelihood varies by enrollment status and type of enrollee
- How findings vary across catchment areas

Findings:

Of the beneficiaries in Region 10 who reported being enrolled in TRICARE Prime, active duty enrollees (45 percent) were less likely than non-active duty enrollees (76 percent) to re-enroll. Of the beneficiaries who were not enrolled in TRICARE Prime but reported knowing at least a little about TRICARE, those under age 65 (12 percent) were more likely than those age 65 or over (3 percent) to enroll in the next 12 months.

These region-wide patterns also apply to all of the individual catchment areas in Region 10. The percentage of active-duty enrollees who plan to re-enroll is highest (56 percent) at NH LeMoore and lowest (39 percent) among those who live outside of a catchment area.

2.4b Percent of Beneficiaries Unlikely to Enroll or Re-enroll in TRICARE Prime in Each Catchment Area, by Enrollment Status

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
Travis AFB (0014)	41,789	29.5	10.2	60.2	91.1
Beale AFB (0015)	10,708	22.8	12.7	65.5	88.4
NH LeMoore (0028)	11,593	24.7	13.6	74.6	96.9
Onizuka AS Clinic (0235)	13,142	36.2	24.7	57.8	66.6
Out/Area-Reg 10 (9910)	64,805	46.6	14.4	71.2	88.1
Region 10 Overall	142,037	34.2	13.8	67.4	85.9
MHS Average	3,803,675	25.4	17.2	58.6	77.6

Population:

Beneficiaries reporting knowing at least a little about TRICARE

Sample size: 1,703

Survey question: 83

What the exhibit shows:

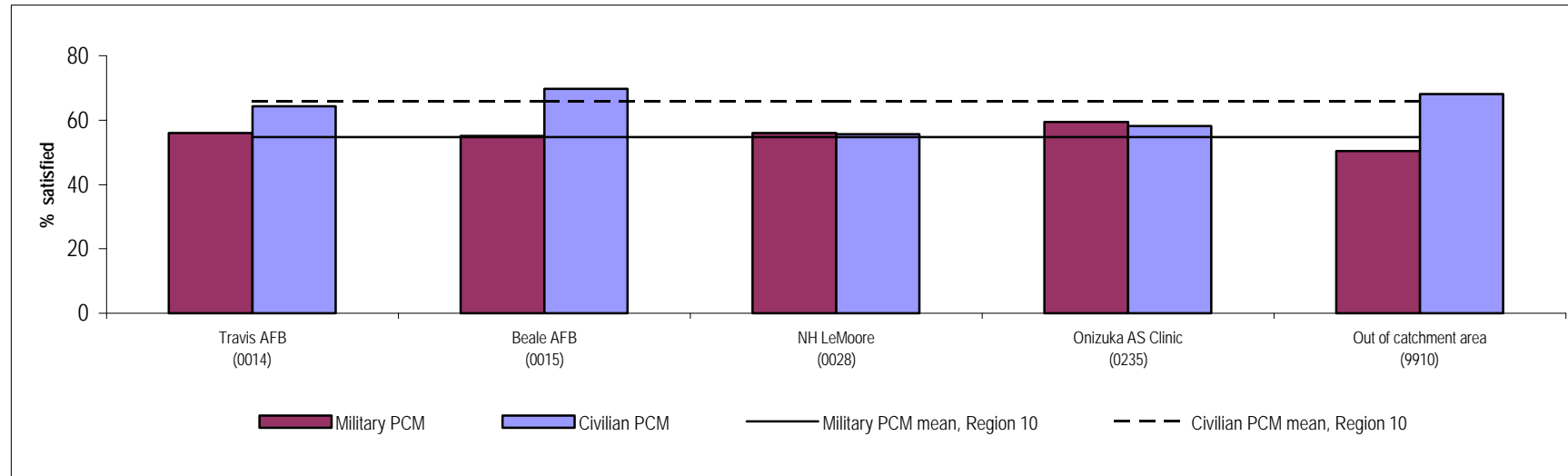
- Whether beneficiaries are likely to enroll or re-enroll in TRICARE Prime
- How that likelihood varies by enrollment status and type of enrollee
- How findings vary across catchment areas

Findings:

Of the active duty beneficiaries in Region 10 who reported being enrolled in TRICARE Prime, 34 percent do not plan to re-enroll in the next 12 months. This result is surprising, as active duty personnel are required to enroll in TRICARE Prime.

The percentage of active duty enrollees who do not plan to re-enroll is highest (47 percent) outside of Region 10 catchment areas and lowest (23 percent) at Beale AFB.

2.5 TRICARE Prime Enrollees Satisfied with Their Care in Each Catchment Area, by Type of Primary Care Manager



Population:

Beneficiaries enrolled in TRICARE Prime

Sample size: 1,183

Vertical axis:

The percent of the sample reporting they either “strongly agree” or “agree” they are satisfied with the health care they receive under TRICARE Prime

Survey questions: 79 and 82a

What the exhibit shows:

- Whether enrollees’ satisfaction with TRICARE Prime varies by type of PCM
- How findings vary across catchment areas

Findings:

In Region 10 overall, satisfaction with TRICARE Prime is greater among enrollees who have a civilian PCM (66 percent) than among enrollees who have a military PCM (55 percent). At NH LeMoore and Onizuka AS Clinic, however, enrollees with a military PCM are just as satisfied as those with a civilian PCM.

Satisfaction with TRICARE prime among enrollees with a military PCM ranges from a low of 50 percent among those outside of a catchment area to a high of 60 percent at Onizuka AS Clinic.

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Chapter

3

Access to Health Care

This chapter is designed to address the question, “How *accessible* is health care at military and civilian facilities to DoD beneficiaries?” Indicators of accessibility include:

- The number of beneficiaries who used an emergency room in lieu of their usual source of care because the facility they typically use was not available
- The number of days between calling to make an appointment and the appointment itself
- The length of office waits
- The reasons beneficiaries choose not to use military care are furnished to indicate areas for improvement.

The key findings are:

- Of the beneficiaries in Region 10 who used an ER in the past 12 months, non-active duty TRICARE Prime enrollees (18 percent) were more likely than other types of beneficiaries (13 to 14 percent) to report using the ER because they could not get an appointment with their usual health care provider. The percentage of active duty enrollees who used an ER because they could not get a regular appointment is lowest (7 percent) at Travis AFB and highest (30 percent) at Beale AFB.
- In Region 10, TRICARE Prime enrollees (5 to 6 percent) are less likely than non-enrollees (9 to 12 percent) to wait more than 30 days for a routine care appointment. A 30-day wait is the TRICARE standard for a routine care appointment. In all catchment areas, fewer than 10 percent of TRICARE Prime enrollees wait more than 30 days for an appointment.
- In Region 10, MTF patients (20 to 28 percent) are more likely than CTF patients (12 to 16 percent) to wait more than 30 minutes to see a provider. The TRICARE standard for office waiting periods is 30 minutes. Among TRICARE Prime enrollees in Region 10 who receive care from a MTF, long office waits are most prevalent (27 to 34 percent) at Travis AFB and among patients outside of a catchment area.
- Thirty percent of patients in Region 10 reported that they had never tried to use a MTF. Other frequently cited reasons for not receiving care at a military facility are the distance to a MTF (38 percent), the closing of the MTF usually used by the beneficiary (29 percent), and the difficulty of making an appointment at a MTF (21 percent). At Beale AFB, the lack of available appointments for the beneficiary is a commonly cited reason for not using a MTF.

3.1 Percent of Beneficiaries Who Used an Emergency Room in Lieu of a Regular Appointment in Each Catchment Area, by Enrollment Status

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
Travis AFB (0014)	26,311	6.7	19.2	8.3	17.4
Beale AFB (0015)	5,987	29.9	12.1	15.1	9.6
NH LeMoore (0028)	7,113	10.3	17.2	25.5	4.8
Onizuka AS Clinic (0235)	9,534	17.4	25.0	7.6	7.8
Out/Area-Reg 10 (9910)	47,068	16.3	17.8	15.5	13.4
Region 10 Overall	96,012	12.8	18.3	13.6	13.2
MHS Average	2,476,397	17.8	21.6	16.2	12.6

Population:

All beneficiaries who reported using an ER in the past 12 months

Sample size: 1,114

Survey question: 33

What the exhibit shows:

- Whether beneficiaries have used an ER because they could not obtain an appointment from their usual provider
- How such ER use varies by enrollment status and type of enrollee
- How the findings vary across catchment areas

Findings:

Of the beneficiaries in Region 10 who used an ER in the past 12 months, non-active duty TRICARE Prime enrollees (18 percent) were more likely than other types of beneficiaries (13 to 14 percent) to report using the ER because they could not get an appointment with their usual health care provider.

The percentage of active duty enrollees who used an ER because they could not get a regular appointment is lowest (7 percent) at Travis AFB and highest (30 percent) at Beale AFB.

3.2 Percent of Patients Who Waited More Than 30 Days to Get an Appointment for Routine Care in Each Catchment Area, by Enrollment Status and Source of Care

Catchment Area	Population	Enrolled in TRICARE Prime		Not Enrolled in TRICARE Prime	
		MTF	CTF	MTF	CTF
Travis AFB (0014)	59,403	6.6	9.0	14.3	12.5
Beale AFB (0015)	13,481	5.1	3.0	16.0	6.9
NH LeMoore (0028)	15,274	1.6	6.6	4.7	9.4
Onizuka AS Clinic (0235)	23,084	4.1	7.2	15.2	10.5
Out/Area-Reg 10 (9910)	106,836	5.3	4.9	10.8	7.8
Region 10 Overall	218,077	5.3	6.0	12.0	9.3
MHS Average	5,539,478	5.7	5.1	12.8	9.0

Population:

Patients who received some care at a MTF or CTF or both during the 12 months preceding their survey response

Sample size: 2,566

Survey questions: 50a and 65a

What the exhibit shows:

- How waiting periods to get an appointment for routine care at MTFs compare to those at CTFs
- Whether waiting periods vary by enrollment status in TRICARE Prime
- How findings vary across catchment areas

Findings:

In Region 10, TRICARE Prime enrollees (5 to 6 percent) are less likely than non-enrollees (9 to 12 percent) to wait more than 30 days for a routine care appointment. A 30-day wait is the TRICARE standard for a routine care appointment.

The percentage of TRICARE Prime enrollees unable to get an appointment varies little across catchment areas. In all catchment areas, fewer than 10 percent of these patients wait more than 30 days for an appointment.

3.3 Percent of Patients Who Waited More Than 30 Minutes in a Provider's Office in Each Catchment Area, by Enrollment Status and Source of Care

Catchment Area	Population	Enrolled in TRICARE Prime		Not Enrolled in TRICARE Prime	
		MTF	CTF	MTF	CTF
Travis AFB (0014)	59,403	27.4	11.5	18.9	7.9
Beale AFB (0015)	13,481	11.5	18.2	21.0	11.2
NH LeMoore (0028)	15,274	20.3	14.1	13.1	14.1
Onizuka AS Clinic (0235)	23,084	19.2	16.3	28.7	7.0
Out/Area-Reg 10 (9910)	106,836	34.2	17.3	21.2	14.3
Region 10 Overall	218,077	27.5	15.7	20.1	11.7
MHS Average	5,539,478	32.1	17.3	32.7	16.1

Population:

Patients who received some care at a MTF or CTF or both during the 12 months preceding their survey response

Sample size: 2,566

Survey questions: 48 and 63

What the exhibit shows:

- How office waiting periods at MTFs compare to those at CTFs
- How waiting periods vary by enrollment status in TRICARE Prime
- How findings vary across catchment areas

Findings:

In Region 10, MTF patients (20 to 28 percent) are more likely than CTF patients (12 to 16 percent) to wait more than 30 minutes to see a provider. The TRICARE standard for office waiting periods is 30 minutes.

Among TRICARE Prime enrollees in Region 10 who receive care from a MTF, long office waits are most prevalent (27 to 34 percent) at Travis AFB and among patients outside of a catchment area. Long waits are least prevalent (12 percent) at Beale AFB.

3.4 Percent of Patients Reporting Selected Reasons for Not Relying on a Military Facility for Most of Their Care, by Catchment Area

Catchment Area	Population	Reasons Reported											
		Never try to use MTF	No care needed in past 12 months	MTF is too far away	Hard to get an appointment at MTF	Can't see the same provider each visit	MTF usually used is closed	Needed services not available	Better care at civilian provider	Ineligible for military care	No appt. avail. for beneficiary like me	Difficult to find a parking space	Other
Travis AFB (0014)	36,386	30.1	9.7	37.2	23.4	9.1	25.2	6.7	15.9	8.8	8.6	1.8	18.3
Beale AFB (0015)	9,286	28.3	8.9	17.5	27.3	14.8	4.1	19.2	21.3	11.0	27.8	0.3	21.4
NH LeMoore (0028)	7,841	32.6	13.9	35.9	19.8	16.9	5.5	10.8	25.1	6.8	8.8	0.9	21.5
Onizuka AS Clinic (0235)	21,244	41.7	9.1	41.9	18.0	12.0	38.7	9.0	23.3	8.5	10.6	1.0	17.7
Out/Area-Reg 10 (9910)	90,587	26.4	7.4	40.3	19.3	13.0	32.2	9.3	18.9	7.4	6.9	1.5	13.3
Region 10 Overall	165,344	29.6	8.5	38.3	20.5	12.3	28.6	9.3	19.2	8.0	9.0	1.4	15.8
MHS Average	3,467,507	26.4	11.7	37.1	27.0	15.9	10.5	12.3	23.3	7.3	12.5	2.2	16.7

Population:

Beneficiaries who received some care from a MTF but most of their care from a CTF during the 12 months preceding their survey response

Sample size: 1,847

Survey question: 56

What the exhibit shows:

- Why patients who reported getting most of their care from a civilian facility chose to do so
- How findings vary across catchment areas

Findings:

Thirty percent of patients in Region 10 reported that they had never tried to use a MTF. Other frequently cited reasons for not receiving care at a military facility are the distance to a MTF (38 percent), the closing of the MTF usually used by the beneficiary (29 percent), and the difficulty of making an appointment at a MTF (21 percent).

In most catchment areas in Region 10, the distance to a MTF is the most commonly cited barrier to MTF use. At Beale AFB, the lack of available appointments for the beneficiary is a commonly cited reason for not using a MTF.

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Chapter

4

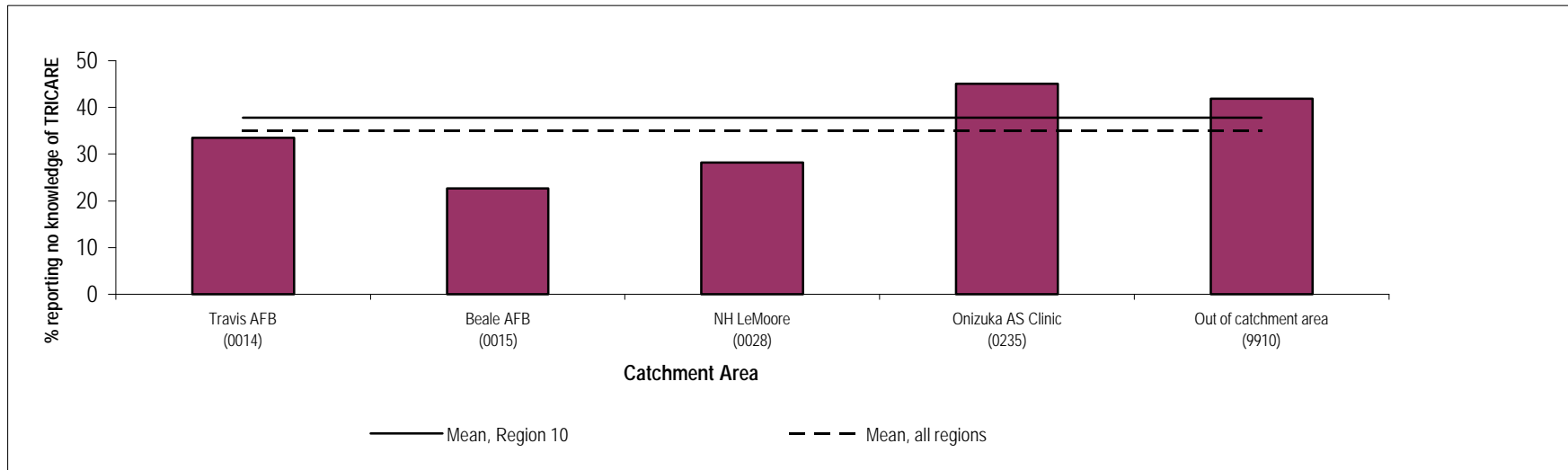
Knowledge of TRICARE and TRICARE Prime

This chapter is designed to address the question, “How *knowledgeable* are beneficiaries about TRICARE, and what *sources of information* about TRICARE do beneficiaries use?” The HCSDB assesses beneficiary knowledge of TRICARE in three ways. First, it asks beneficiaries to assess the level of their knowledge about TRICARE using a 4-point scale ranging from *a great deal* to *nothing*. Second, it asks beneficiaries to rate the clarity of their information about TRICARE using a 5-point scale ranging from *very clear* to *very unclear*. Third, it asks beneficiaries to indicate the sources of their information about TRICARE.

The key findings are:

- In Region 10, 38 percent of beneficiaries reported having no knowledge of TRICARE. The percentage of beneficiaries with no knowledge of TRICARE is lowest (23 percent) at Beale AFB and highest (45 percent) at Onizuka AS Clinic.
- Among beneficiaries in Region 10 who reported knowing at least a little about TRICARE, retirees, survivors, and their family members age 65 or over (46 percent) were more likely than other types of beneficiaries (17 to 27 percent) to have unclear information about enrolling in TRICARE Prime. The percentage of active duty personnel with unclear information about enrolling in TRICARE Prime is highest (33 percent) at Beale AFB.
- In Region 10, beneficiaries who reported knowing at least a little about TRICARE most frequently cited the following as sources of information about TRICARE: information packages mailed to beneficiaries (58 percent), a TRICARE presentation (33 percent), and a visit to the TRICARE service center (28 percent). Other commonly cited sources of information in some catchment areas are a military base newspaper, friends and neighbors, and the TRICARE information number.

4.1 Beneficiaries' Levels of Knowledge of TRICARE, by Catchment Area



Population:

All beneficiaries

Sample size: 2,794

Vertical axis:

The percent of the sample reporting no knowledge of TRICARE

Survey question: 71

What the exhibit shows:

- What percent of beneficiaries in the MHS and in Region 10 have no knowledge of TRICARE
- How this percentage varies across catchment areas

Findings:

In Region 10, 38 percent of beneficiaries reported having no knowledge of TRICARE. The percentage of beneficiaries with no knowledge of TRICARE is lowest (23 percent) at Beale AFB and highest (45 percent) at Onizuka AS Clinic.

4.2 Percent of Beneficiaries in Each Catchment Area With Unclear Information about Enrolling in TRICARE Prime, by Type of Beneficiary

Catchment Area	Population	Type of Beneficiary			
		Active Duty Personnel	Active Duty Family Members	Retirees, Survivors, and Family Under Age 65	Retirees, Survivors, and Family Age 65 or Over
Travis AFB (0014)	41,789	14.9	23.5	33.0	41.7
Beale AFB (0015)	10,708	33.1	19.1	16.7	42.0
NH LeMoore (0028)	11,593	26.1	15.5	22.5	20.8
Onizuka AS Clinic (0235)	13,142	17.4	16.0	26.5	47.6
Out/Area-Reg 10 (9910)	64,805	23.3	11.0	26.2	48.6
Region 10 Overall	142,037	21.1	16.8	27.2	45.7
MHS Average	3,803,675	29.9	26.1	37.1	47.1

Population:

Beneficiaries reporting knowing at least a little about TRICARE

Sample size: 1,703

Survey question: 73a

What the exhibit shows:

- The percentage of beneficiaries that have unclear information about enrolling in TRICARE Prime
- How the findings vary by type of beneficiary
- How the findings vary across catchment areas

Findings:

Among beneficiaries in Region 10 who reported knowing at least a little about TRICARE, retirees, survivors, and their family members age 65 or over (46 percent) were more likely than other types of beneficiaries (17 to 27 percent) to have unclear information about enrolling in TRICARE Prime.

The percentage of active duty personnel with unclear information about enrolling in TRICARE Prime is lowest (15 to 17 percent) at Travis AFB and Onizuka AS Clinic. The percentage is highest (33 percent) at Beale AFB.

4.3 Percent of Beneficiaries Reporting Selected Sources of Information about TRICARE, by Catchment Area

Catchment Area	Population	Sources of Information Used										
		TRICARE presentation	Information package	Military doctor	Civilian doctor	TRICARE information number	Military base newspaper	Regional newspaper	Friends and neighbors	TRICARE Service Center	Radio/TV	Other
Travis AFB (0014)	41,789	31.3	58.7	15.3	4.5	21.1	25.7	4.2	23.5	26.2	1.6	21.5
Beale AFB (0015)	10,708	36.3	60.2	15.7	8.2	24.7	31.6	4.5	26.5	30.9	1.0	17.2
NH LeMoore (0028)	11,593	35.8	57.8	17.2	6.7	16.4	21.7	4.1	20.4	34.7	1.4	21.2
Onizuka AS Clinic (0235)	13,142	26.6	58.0	9.0	5.7	19.8	19.3	1.2	13.4	26.6	0.9	19.7
Out/Area-Reg 10 (9910)	64,805	34.2	56.7	11.5	5.7	16.5	21.1	2.7	20.1	26.9	1.3	23.5
Region 10 Overall	142,037	32.9	57.8	13.2	5.6	18.8	23.1	3.2	21.0	27.6	1.3	21.9
MHS Average	3,803,675	33.2	56.5	15.2	4.4	16.4	30.8	7.2	25.4	20.6	2.4	23.4

Population:

Beneficiaries reporting knowing at least a little about TRICARE

Sample size: 1,703

Survey question: 72

What the exhibit shows:

- The sources of information about TRICARE that beneficiaries use
- Which information sources are most commonly used in each catchment area

Findings:

In Region 10, beneficiaries who reported knowing at least a little about TRICARE most frequently cited the following as sources of information about TRICARE: information packages mailed to beneficiaries (58 percent), a TRICARE presentation (33 percent), and a visit to the TRICARE service center (28 percent). This result applies to most of the individual catchment areas in Region 10 as well.

Other commonly cited sources of information in some catchment areas are a military base newspaper, friends and neighbors, and the TRICARE information number.

Chapter

5

Source of Health Care

This chapter is designed to address the question, “What health care *services* do beneficiaries use, and what are the *sources* of those services?” The HCSDB asks about pharmacy use as well as sources of health care.

The key findings are:

- In Region 10, 11 percent of active duty beneficiaries used a military pharmacy to fill a prescription written by a civilian provider. The same is true for 17 percent of active duty family members; 19 percent of retirees, survivors, and family members under age 65; and 29 percent of retirees, survivors, and family members age 65 or over. The percentage of active duty beneficiaries using a military pharmacy to fill a civilian prescription is highest (17 to 18 percent) at Beale AFB and NH LeMoore.
- In Region 10, 94 percent of active duty personnel use a MTF for their regular source of care, as do 64 percent of active duty family members. In contrast, this is true for only 24 percent of retirees and their family members under age 65, and 11 percent of retirees and their family members age 65 or over. The majority of these beneficiaries use a CTF instead. This pattern also appears in most catchment areas in Region 10.

5.1 Percent of Beneficiaries in Each Catchment Area Who Used a Military Pharmacy to Fill Prescriptions Written by a Civilian Provider, by Type of Beneficiary

Catchment Area	Population	Type of Beneficiary			
		Active Duty Personnel	Active Duty Family Members	Retirees, Survivors, and Family Under Age 65	Retirees, Survivors, and Family Age 65 or Over
Travis AFB (0014)	65,267	9.5	7.0	19.2	28.7
Beale AFB (0015)	14,504	16.9	34.5	36.4	57.6
NH LeMoore (0028)	16,626	17.5	20.6	21.4	43.6
Onizuka AS Clinic (0235)	25,448	10.4	24.5	22.5	32.8
Out/Area-Reg 10 (9910)	117,388	7.7	18.2	16.7	24.3
Region 10 Overall	239,233	10.6	16.6	19.3	28.8
MHS Average	6,094,167	9.1	24.1	26.7	41.0

Population:

All beneficiaries

Sample size: 2,794

Survey questions: 53

What the exhibit shows:

- Whether beneficiaries use military pharmacies to fill prescriptions written by civilian provider
- How usage varies by the type of beneficiary
- How findings vary across catchment areas

Findings:

In Region 10, 11 percent of active duty beneficiaries used a military pharmacy to fill a prescription written by a civilian provider. The same is true for 17 percent of active duty family members; 19 percent of retirees, survivors, and family members under age 65; and 29 percent of retirees, survivors, and family members age 65 or over.

The percentage of active duty beneficiaries using a military pharmacy to fill a civilian prescription is highest (17 to 18 percent) at Beale AFB and NH LeMoore. The percentage is lowest (8 percent) among beneficiaries who live outside a catchment area.

5.2 Usual Source of Care for Beneficiaries Who Are Sick or Need Advice, by Catchment Area and by Type of Beneficiary

Catchment Area	Population	Type of Beneficiary											
		Active Duty Personnel			Active Duty Family Members			Retirees, Survivors, and Family Under Age 65			Retirees, Survivors, and Family Age 65 or Over		
		MTF	CTF	Other	MTF	CTF	Other	MTF	CTF	Other	MTF	CTF	Other
Travis AFB (0014)	61,308	93.6	4.8	1.6	78.7	20.2	1.1	35.8	53.9	10.3	25.4	60.2	14.4
Beale AFB (0015)	13,390	93.5	4.9	1.6	78.9	21.1	0.0	19.2	75.3	5.4	11.5	81.8	6.7
NH LeMoore (0028)	14,930	98.2	1.8	0.0	81.3	18.7	0.0	33.7	61.5	4.8	19.1	68.3	12.6
Onizuka AS Clinic (0235)	23,609	96.3	2.4	1.2	65.8	30.6	3.7	11.3	65.4	23.3	1.1	79.2	19.8
Out/Area-Reg 10 (9910)	108,592	92.6	6.4	0.9	42.5	55.8	1.6	19.4	70.7	10.0	6.2	80.8	13.0
Region 10 Overall	221,830	94.0	4.9	1.1	64.4	34.3	1.3	23.5	65.5	11.0	10.8	75.2	13.9
MHS Average	5,509,387	90.4	6.8	1.1	70.6	25.2	2.3	27.7	64.1	4.3	14.9	73.1	7.1

Population:

Beneficiaries who reported having a usual source of care

Sample size: 2,583

Survey question: 31

What the exhibit shows:

- Types of facilities from which beneficiaries usually seek care
- How the usual source of care varies by the type of beneficiary
- How findings vary across catchment areas

Findings:

In Region 10, 94 percent of active duty personnel use a MTF for their regular source of care, as do 64 percent of active duty family members. In contrast, this is true for only 24 percent of retirees and their family members under age 65, and 11 percent of retirees and their family members age 65 or over. The majority of these beneficiaries use a CTF instead.

This pattern -- MTF use by active duty personnel and their family members and CTF use by retirees, survivors, and their family members -- also appears in most catchment areas in Region 10. However, among beneficiaries who live outside of a catchment area, active duty family members are more likely to use CTFs than MTFs.

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Chapter

6

Use of Health Care

This chapter is designed to address the question, “How much health care do MHS beneficiaries use?” Although the HCSDB asked a number of questions about use of care, we report on the amount of care used in terms of a single indicator – the number of outpatient visits in the 12 months prior to the survey.

The key findings are:

- The percentage of MTF patients with six or more outpatient visits was highest at Travis AFB and lowest at Beale AFB and Onizuka AS Clinic. The percentage of CTF patients with six or more outpatient visits was highest at Onizuka AS Clinic and lowest at NH LeMoore.
- The percentage of MTF patients with no outpatient visits was highest at Onizuka AS Clinic and lowest at NH LeMoore and Travis AFB. The percentage of CTF patients with no outpatient visits was highest at Travis AFB and NH LeMoore, and lowest outside of Region 10 catchment areas.

6.1a Percent of Patients in Each Catchment Area Who Had Six or More Outpatient Visits in the Past Year, by Enrollment Status and Source of Care

Catchment Area	Population	Enrolled in TRICARE Prime		Not Enrolled in TRICARE Prime	
		MTF	CTF	MTF	CTF
Travis AFB (0014)	59,403	39.0	28.5	30.8	51.7
Beale AFB (0015)	13,481	30.2	37.0	18.6	47.1
NH LeMoore (0028)	15,274	27.9	30.5	29.2	48.2
Onizuka AS Clinic (0235)	23,084	33.4	41.6	14.7	53.2
Out/Area-Reg 10 (9910)	106,836	34.5	39.4	17.3	47.0
Region 10 Overall	218,077	35.1	35.7	21.5	49.0
MHS Average	5,539,478	33.1	28.4	26.1	47.3

Population:

Patients who received some care at a MTF or CTF during the 12 months preceding their survey response

Sample size: 2,566

Survey questions: 46 and 61

What the exhibit shows:

- The percent of patients who had six or more outpatient visits in the past year
- How the visit rates vary by enrollment status and source of care
- How findings vary across catchment areas

Findings:

In the 12 months preceding the survey, about one-third of TRICARE Prime enrollees in Region 10 had six or more outpatient visits, regardless of whether care was received at a military or civilian facility. In contrast, among non-enrollees, MTF patients (22 percent) were much less likely than CTF patients (49 percent) to have six or more outpatient visits.

Compared with the average MTF patient in Region 10, those at Travis AFB were more likely to have six or more outpatient visits, while those at Beale AFB and Onizuka AS Clinic were less likely to have six or more visits.

Compared with the average CTF patient in Region 10, those at Onizuka AS Clinic were more likely to have six or more outpatient visits, while those at NH LeMoore were less likely to have six or more visits.

6.1b Percent of Patients in Each Catchment Area Who Had No Outpatient Visits in the Past Year, by Enrollment Status and Source of Care

Catchment Area	Population	Enrolled in TRICARE Prime		Not Enrolled in TRICARE Prime	
		MTF	CTF	MTF	CTF
Travis AFB (0014)	59,403	4.0	22.1	28.2	4.1
Beale AFB (0015)	13,481	9.1	9.5	36.3	4.3
NH LeMoore (0028)	15,274	7.4	13.6	21.8	10.3
Onizuka AS Clinic (0235)	23,084	19.7	7.6	64.1	4.3
Out/Area-Reg 10 (9910)	106,836	12.0	6.2	48.3	2.5
Region 10 Overall	218,077	8.7	11.4	42.0	3.6
MHS Average	5,539,478	9.5	17.9	30.6	5.2

Population:

Patients who received some care at a MTF or CTF during the 12 months preceding their survey response

Sample size: 2,566

Survey questions: 46 and 61

What the exhibit shows:

- The percent of patients who had no outpatient visits in the past year
- How the visit rates vary by enrollment status and source of care
- How findings vary across catchment areas

Findings:

In the 12 months preceding the survey, about 10 percent of TRICARE Prime enrollees in Region 10 had no outpatient visits, regardless of whether care was received at a military or civilian facility. In contrast, among non-enrollees, MTF patients (42 percent) were much more likely than CTF patients (4 percent) to have no outpatient visits.

Compared with the average MTF patient in Region 10, those at Onizuka AS Clinic were more likely to have no outpatient visits, while those at NH LeMoore and Travis AFB were less likely to have no visits.

Compared with the average CTF patients in Region 10, those at Travis AFB and NH LeMoore were more likely to have no outpatient visits, while those outside of catchment areas were less likely to have no visits.

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Chapter

7

Use of Preventive Services

This chapter is designed to address the question, “How much, and what types of, *preventive health care* do beneficiaries use?” The HCSDB asked all beneficiaries whether they used each of the items in an extensive list of preventive health care services and how long ago the most recent use of care was.

The key findings are:

- Nearly all MHS beneficiaries (95 to 97 percent) had a blood pressure screening in the past two years, as did 94 to 97 percent of beneficiaries in Region 10. All of these results exceed the civilian Healthy People 2000 goal of 90 percent. In every catchment area of Region 10, over 90 percent of each type of beneficiary had a blood pressure screening in the past two years.
- In Region 10, non-active duty beneficiaries enrolled in TRICARE Prime were the least likely (77 percent) to have had a cholesterol screening in the past five years, while non-enrollees age 65 or over (94 percent) were the most likely. The percentage of active duty enrollees who had a cholesterol screening in the past five years equals or exceeds the Healthy People 2000 goal of 75 percent in all catchment areas. The percentage is lowest (75 percent) at NH LeMoore and highest (88 percent) at Travis AFB.
- In Region 10, 86 percent of female beneficiaries age 50 or over had a breast cancer screening in the past two years. This result exceeds the Healthy People 2000 goal of 60 percent and the civilian benchmark of 56 percent. The percentage of female beneficiaries age 50 or over who had a breast cancer screening in the past two years varies little across catchment areas, ranging from 83 percent outside Region 10 catchment areas to 89 percent at Travis AFB.
- In Region 10, female beneficiaries who were enrolled in TRICARE Prime (91 to 96 percent) were more likely than their non-enrolled counterparts (79 to 84 percent) to have had a Pap smear in the past three years. All of these results exceed the Healthy People 2000 goal for adults (75 percent) and the civilian benchmark of 56 percent.
- Ninety-two percent of the female beneficiaries in Region 10 who were pregnant at some point during the year preceding the survey received prenatal care during the first trimester. This result exceeds the Healthy People 2000 goal of 90 percent and the 76 to 84 percent observed in the civilian sector.
- In Region 10, between 71 and 88 percent of male beneficiaries age 50 or over had a prostate screening in the past two years. The American Cancer Society recommends an annual prostate exam for men age 50 or over. Among non-enrollees, the percentage of male beneficiaries age 50 or over who had a prostate screening in the past two years is highest at NH LeMoore and lowest at Beale AFB.

7.1 Percent of Beneficiaries in Each Catchment Area Who Had Blood Pressure Readings Within the Past Two Years, by Enrollment Status

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
Travis AFB (0014)	65,267	94.6	97.3	92.5	98.4
Beale AFB (0015)	14,504	98.6	96.9	91.8	98.2
NH LeMoore (0028)	16,626	98.5	96.1	93.1	100.0
Onizuka AS Clinic (0235)	25,448	95.8	96.1	96.3	97.9
Out/Area-Reg 10 (9910)	117,388	95.3	96.7	95.1	96.6
Region 10 Overall	239,233	95.8	96.8	94.4	97.4
MHS Average	6,094,167	97.0	96.3	95.2	97.4

Population:

All beneficiaries

Sample size: 2,794

Survey question: 12

What the exhibit shows:

- Percentage of beneficiaries who had a blood pressure reading in the past two years
- How the findings vary by enrollment status and type of enrollee
- How findings vary across catchment areas

Findings:

Nearly all MHS beneficiaries (95 to 97 percent) had a blood pressure screening in the past two years, as did 94 to 97 percent of beneficiaries in Region 10. All of these results exceed the civilian Healthy People 2000 goal of 90 percent.

In every catchment area of Region 10, over 90 percent of each type of beneficiary had a blood pressure screening in the past two years.

7.2 Percent of Beneficiaries in Each Catchment Area Who Had a Cholesterol Screening Within the Past Five Years, by Enrollment Status

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
Travis AFB (0014)	65,267	87.7	79.1	80.4	90.1
Beale AFB (0015)	14,504	77.1	77.2	78.1	93.4
NH LeMoore (0028)	16,626	75.2	68.0	79.3	95.5
Onizuka AS Clinic (0235)	25,448	77.9	79.4	89.1	94.7
Out/Area-Reg 10 (9910)	117,388	78.7	76.5	77.3	95.4
Region 10 Overall	239,233	81.5	76.9	79.6	93.9
MHS Average	6,094,167	78.2	72.6	81.1	93.0

Population:

All beneficiaries

Sample size: 2,794

Survey question: 13

What the exhibit shows:

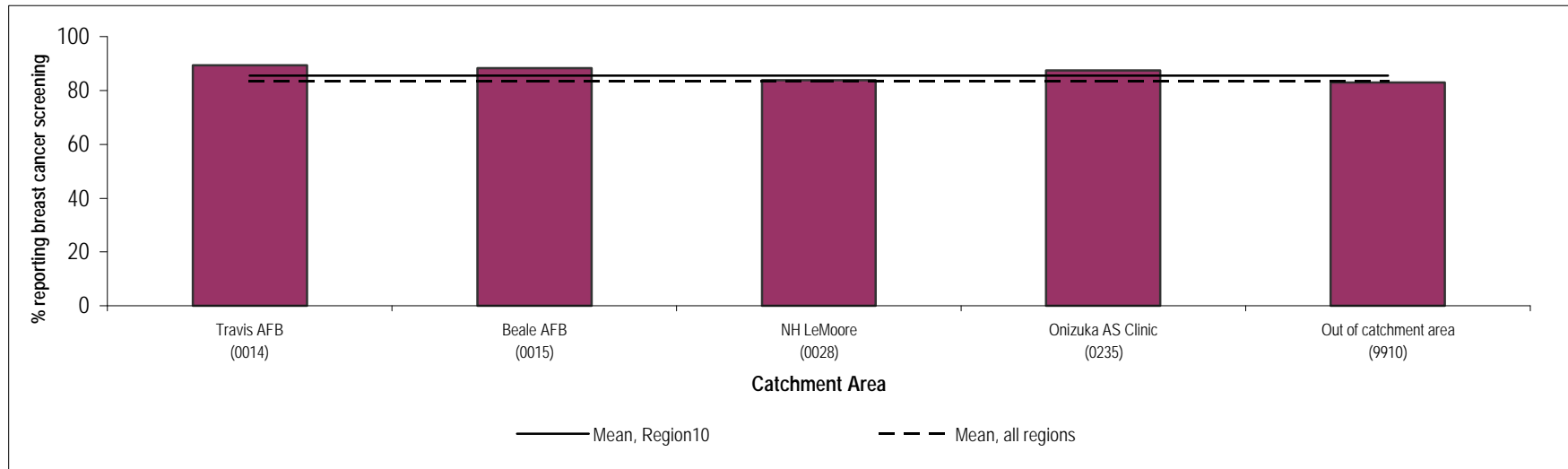
- Percentage of beneficiaries who had a cholesterol screening in the past five years
- How the findings vary by enrollment status and type of enrollee
- How findings vary across catchment areas

Findings:

In Region 10, non-active duty beneficiaries enrolled in TRICARE Prime were the least likely (77 percent) to have had a cholesterol screening in the past five years, while non-enrollees age 65 or over (94 percent) were the most likely.

The percentage of active duty enrollees who had a cholesterol screening in the past five years equals or exceeds the Healthy People 2000 goal of 75 percent in all catchment areas. The percentage is lowest (75 percent) at NH LeMoore and highest (88 percent) at Travis AFB. In every catchment area, more than 90 percent of non-enrollees age 65 or over had a cholesterol screening in the past five years.

7.3 Breast Cancer Screening


Population:

Female beneficiaries age 50 or over

Sample size: 811

Vertical axis:

The percent of the sample that was “checked by mammography or other X-ray-like procedure” during the two years preceding their survey response

Survey question: 26

What the exhibit shows:

- Percentage of female beneficiaries over age 50 who have had a mammogram or other X-ray-like procedure for breast cancer screening in the past two years
- How the findings vary across catchment areas

Findings:

In Region 10, 86 percent of female beneficiaries age 50 or over had a breast cancer screening in the past two years. This result is comparable with the MHS average of 84 percent. Both results exceed the Healthy People 2000 goal of 60 percent and the civilian benchmark of 56 percent.

The percentage of female beneficiaries age 50 or over who had a breast cancer screening in the past two years varies little across catchment areas, ranging from 83 percent outside Region 10 catchment areas to 89 percent at Travis AFB.

7.4 Percent of Female Beneficiaries in Each Catchment Area Who Had a Pap Smear Within the Past Three Years, by Enrollment Status

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
Travis AFB (0014)	33,031	100.0	93.0	81.9	78.3
Beale AFB (0015)	7,772	100.0	91.4	88.4	80.1
NH LeMoore (0028)	8,047	100.0	89.4	80.7	87.4
Onizuka AS Clinic (0235)	12,524	95.2	85.8	90.7	85.1
Out/Area-Reg 10 (9910)	62,126	91.9	90.0	82.8	77.7
Region 10 Overall	123,500	96.0	90.7	83.5	79.3
MHS Average	3,013,030	96.0	91.2	85.5	80.3

Population:

All female beneficiaries

Sample size: 1,428

Survey question: 24

What the exhibit shows:

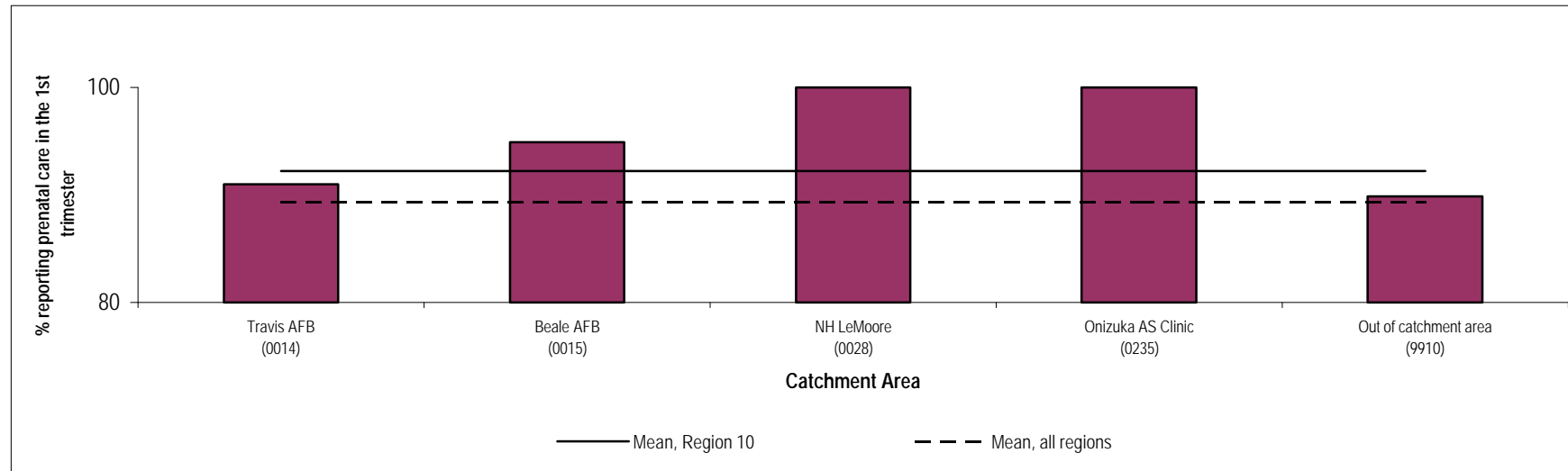
- Percentage of female beneficiaries who have had a Pap smear within three years of their survey response
- How the findings vary by enrollment status and type of enrollee
- How findings vary across catchment areas

Findings:

In Region 10, female beneficiaries who were enrolled in TRICARE Prime (91 to 96 percent) were more likely than their non-enrolled counterparts (79 to 84 percent) to have had a Pap smear in the past three years. All of these results exceed the Healthy People 2000 goal for adults (75 percent) and the civilian benchmark of 56 percent.

The sample of female active duty enrollees in Region 10 is too small to yield accurate estimates for individual catchment areas.

7.5 Timing of First Prenatal Care



Population:

Female beneficiaries who were pregnant when they responded to the survey or during the 12 preceding months

Sample size: 86

Vertical axis:

The percent of the sample who reported having received care for their pregnancy from a doctor or other health professional during the first trimester

Survey question: 29

What the exhibit shows:

- Percentage of pregnant beneficiaries who reported having received prenatal care at some point in the first trimester
- How findings vary across catchment areas

Findings:

Ninety-two percent of the female beneficiaries in Region 10 who were pregnant at some point during the year preceding the survey received prenatal care during the first trimester. This result exceeds the Healthy People 2000 goal of 90 percent and the MHS average of 89 percent. In the civilian sector, between 76 and 84 percent of pregnant women receive prenatal care in the first trimester.

The sample of women who were pregnant at some point during the year preceding the survey is too small to yield accurate estimates for individual catchment areas. At NH LeMoore and Onizuka AS Clinic, all of the women in the sample received prenatal care in the first trimester.

7.6 Percent of Male Beneficiaries Age 50 or Over in Each Catchment Area Who Had a Prostate Screening Within the Past Two Years, by Enrollment Status

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
Travis AFB (0014)	17,829	100.0	69.8	77.2	85.1
Beale AFB (0015)	3,805	50.0	89.6	64.7	82.8
NH LeMoore (0028)	3,245	0.0	87.0	77.4	90.8
Onizuka AS Clinic (0235)	9,629	0.0	94.7	69.1	85.7
Out/Area-Reg 10 (9910)	40,392	100.0	91.6	68.0	84.6
Region 10 Overall	74,901	87.8	85.7	70.6	85.0
MHS Average	1,497,312	68.9	75.1	72.5	84.3

Population:

Male beneficiaries age 50 or over

Sample size: 866

Survey question: 23

What the exhibit shows:

- Percentage of male beneficiaries age 50 or over who had a prostate screening within two years of their survey response
- How the findings vary by enrollment status and type of enrollee
- How findings vary across catchment areas

Findings:

In Region 10, between 71 and 88 percent of male beneficiaries age 50 or over had a prostate screening in the past two years. Men under age 65 and not enrolled in TRICARE Prime (71 percent) were less likely than other types of beneficiaries (85 to 88 percent) to have had such a screening. The American Cancer Society recommends an annual prostate exam for men age 50 or over.

The sample of male active duty enrollees age 50 or over is too small to yield accurate estimates for individual catchment areas. Among non-enrollees, the percentage of male beneficiaries age 50 or over who had a prostate screening in the past two years is highest at NH LeMoore and lowest at Beale AFB.

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Chapter

8

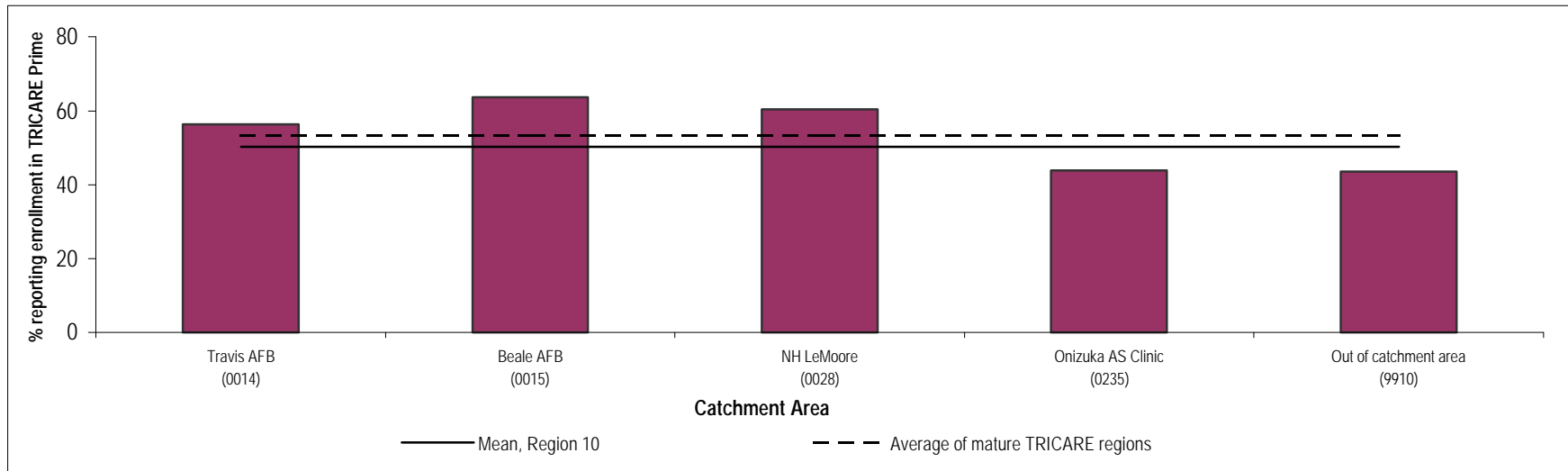
Enrollment and Beneficiary Health Status

This chapter presents findings on two key beneficiary characteristics – enrollment in TRICARE Prime and health status. Health status is based on a battery of 12 questions called the SF-12, which was developed by the Medical Center of New England under a grant from the Henry J. Kaiser Foundation. From the 12 questions, we computed two overall scores for each beneficiary – the composite physical health score and the composite mental health score. Only the former is reported here, and we compared the scores of MHS beneficiaries to the median score for the U.S. population for six age groups (18-34, 35-44, 45-54, 55-64, 65-74, 75+). Here, we report on the percentage of beneficiaries whose composite physical health score is lower than the national median score for their age.

The key findings are:

- Of the beneficiaries in Region 10 who reported knowing at least a little about TRICARE, 50 percent are enrolled in TRICARE Prime. The level of enrollment in TRICARE Prime is lowest (44 percent) at Onizuka AS Clinic and among beneficiaries outside of a catchment area. The level of enrollment is highest (64 percent) at Beale AFB.
- In Region 10, between 40 and 56 percent of beneficiaries have a composite physical health score below the age-adjusted median score for the U.S. population. The result of 40 percent among active duty beneficiaries indicates that this group is healthier than civilians of the same age. Active duty enrollees at Beale AFB tend to be less healthy than the average beneficiary in Region 10, while those at NH LeMoore and outside of catchment areas tend to be healthier than the average active duty beneficiary.

8.1 Enrollment in TRICARE Prime



Population:

Beneficiaries who reported knowing at least a little about TRICARE

Sample size: 1,703

Vertical axis:

The percent of the sample enrolled in TRICARE Prime as of the time of their survey response

Survey question: 76

What the exhibit shows:

- The proportion of beneficiaries in each catchment area who are enrolled in TRICARE Prime
- How findings for catchment areas in Region 10 compare to the average for Region 10 and to the average for all mature TRICARE regions

Findings:

Of the beneficiaries in Region 10 who reported knowing at least a little about TRICARE, 50 percent are enrolled in TRICARE Prime. This is slightly less than the level of enrollment in the average mature TRICARE region (53 percent). Mature TRICARE regions (6, 9, 10, 11, and 12) are those that began to implement TRICARE prior to April 1996.

The level of enrollment in TRICARE Prime is lowest (44 percent) at Onizuka AS Clinic and among beneficiaries outside of a catchment area. The level of enrollment is highest (64 percent) at Beale AFB.

8.2 Percent of Beneficiaries in Each Catchment Area With a Composite Physical Health Score Below the Median Score for the Age Group

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
Travis AFB (0014)	65,267	44.4	56.2	42.5	53.5
Beale AFB (0015)	14,504	53.9	56.4	56.6	55.3
NH LeMoore (0028)	16,626	38.0	58.2	49.0	46.9
Onizuka AS Clinic (0235)	25,448	44.9	44.6	44.7	46.0
Out/Area-Reg 10 (9910)	117,388	32.5	58.6	45.3	54.7
Region 10 Overall	239,233	40.2	56.4	45.3	53.0
MHS Average	6,094,167	43.3	54.3	54.0	51.5

Population:

All beneficiaries

Sample size: 2,794

Survey questions: 1-7

What the exhibit shows:

- The proportion of beneficiaries in each catchment area whose composite physical health score falls below the median score for the age group
- How the findings vary by enrollment status and type of enrollee

Findings:

In Region 10, between 40 and 56 percent of beneficiaries have a composite physical health score below the age-adjusted median score for the U.S. population. A result of 50 percent would mean that, in terms of health status, beneficiaries in Region 10 are comparable to their counterparts in the civilian population. The result of 40 percent among active duty beneficiaries indicates that this group is healthier than civilians of the same age.

Active duty enrollees at Beale AFB are less healthy than the average active duty enrollee in Region 10, while those at NH LeMoore and outside of catchment areas are healthier than the average active duty enrollee.

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Chapter

9

Performance Improvement Plan

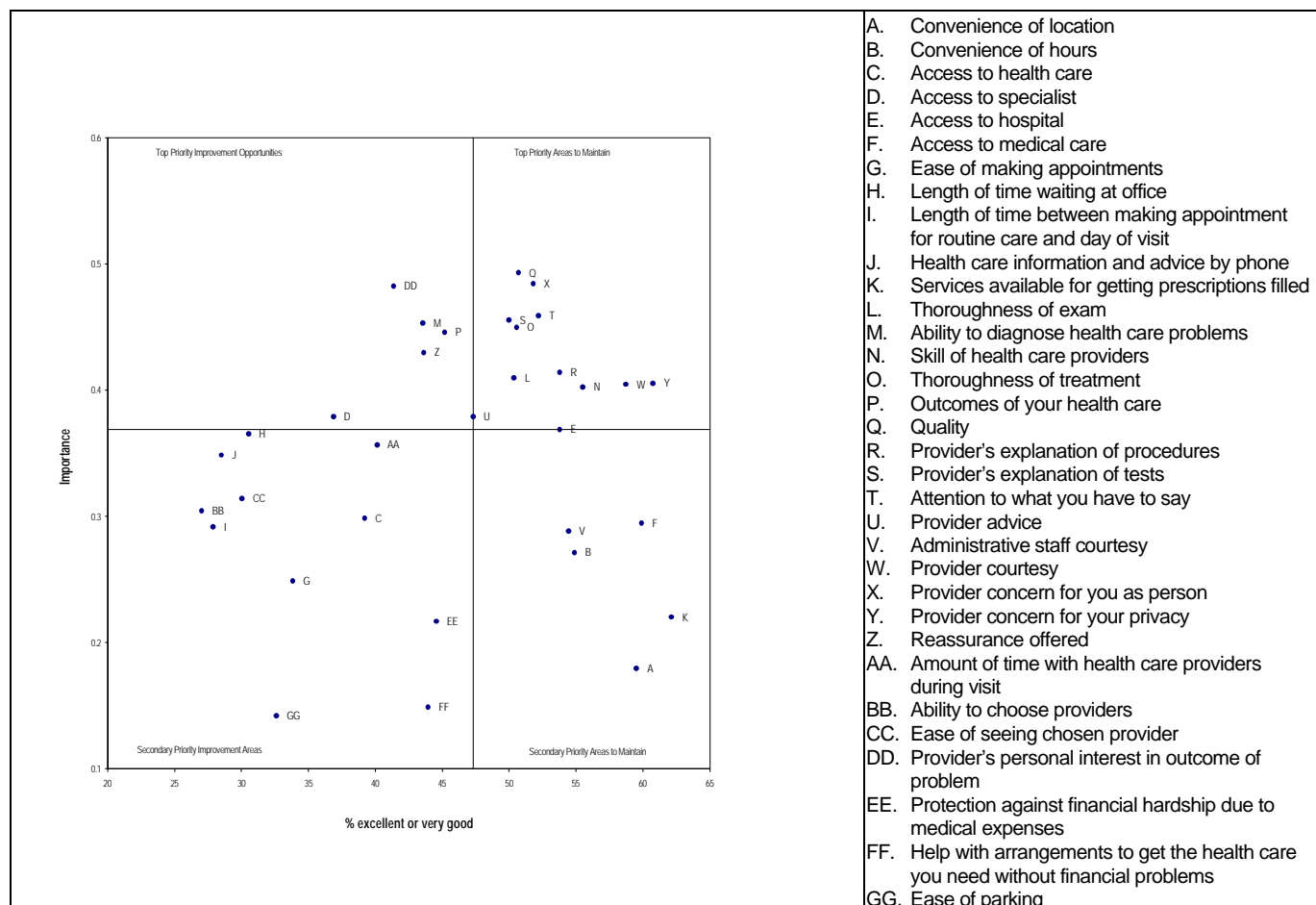
This chapter contains a series of Performance Improvement Plans, one for each catchment area in Region 10. The purpose of each Performance Improvement Plan is to summarize the responses to numerous satisfaction questions in the HCSDB so that the patterns underlying these responses are more easily seen. These patterns help to identify key aspects of services or care that most influence beneficiary satisfaction in the catchment area.

Each point in the Performance Improvement Plan represents one of the questions about satisfaction with military health care, Questions 52a-gg. For example, point H represents satisfaction with the length of time the beneficiary waits in the provider's office. The "importance" score in the figure is the correlation of overall satisfaction with ratings of these individual aspects of health care service. (A correlation was developed for each item.) For example, the correlation for office waiting time would indicate how "important" office waiting time is in determining the respondent's overall satisfaction with military care. Each specific aspect of health care, such as office waiting time, is a component of overall health care. Overall satisfaction with health care is a combination of the satisfaction ratings of individual components. The closer a point is to the top of the figure, the more important that component is in determining overall satisfaction with military health care.

The intersection of a service's importance and satisfaction value defines a point on the grid. The middle values of importance and satisfaction determine the lines that divide the grid into four priority quadrants. Services above the horizontal line are of greater importance to the beneficiary than those below the horizontal line, and they are noteworthy for their contribution to overall satisfaction. Services that beneficiaries are less satisfied with lie to the left of the vertical line, and those they are more satisfied with lie to the right of the line.

The quadrants may be interpreted as follows:

- **Top priority improvement opportunities are in the top left quadrant.** These are specific aspects of health care with which beneficiaries are relatively dissatisfied and, at the same time, are important in determining overall satisfaction. These are the areas that offer the greatest opportunities for increasing overall beneficiary satisfaction.
- **Top priority areas to maintain are in the top right quadrant.** These are aspects of health care with which beneficiaries are relatively satisfied and that are important in determining overall satisfaction. These are current strengths of the catchment area.
- **Secondary priority improvement opportunities are in the bottom left quadrant.** Low importance in determining overall satisfaction and low beneficiary satisfaction characterize these aspects of health care. There may be a need for improvement, but these are lower priority items.
- **Secondary priority areas to maintain are in the bottom right quadrant.** These aspects of health care are characterized by low importance in determining overall satisfaction and high beneficiary satisfaction. These areas appear to be meeting beneficiaries' expectations.

Figure 9.1 Performance Improvement Plan for Travis AFB (0014)**Findings:**

The following aspects of military health care at Travis AFB were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into three categories, should be the focus of remedial action.

Access to System Resources and Appointments

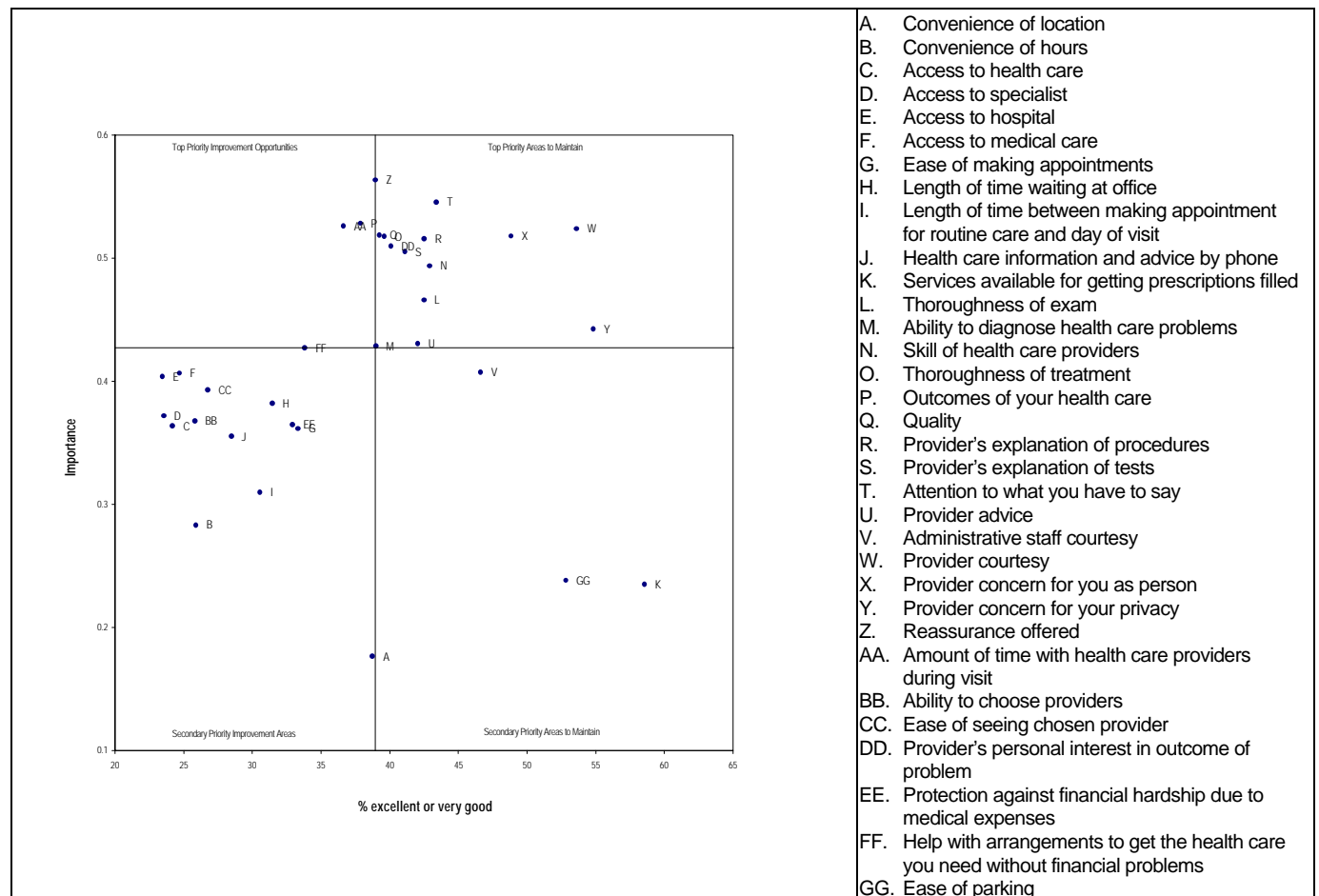
- Access to a specialist if you need one (D)

Quality of Care

- Ability to diagnose your health care problems (M)
- The outcomes of your health care (how much you are helped) (P)

Concern Shown by Health Care Providers

- Advice provider gives you about ways to avoid illness and stay healthy (U)
- Reassurance and support offered to you by health care providers (Z)
- Health care providers' personal interest in the outcome of your problem (DD)

Figure 9.2 Performance Improvement Plan for Beale AFB (0015)**Findings:**

The following aspects of military health care at Beale AFB were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into three categories, should be the focus of remedial action.

Quality of Care

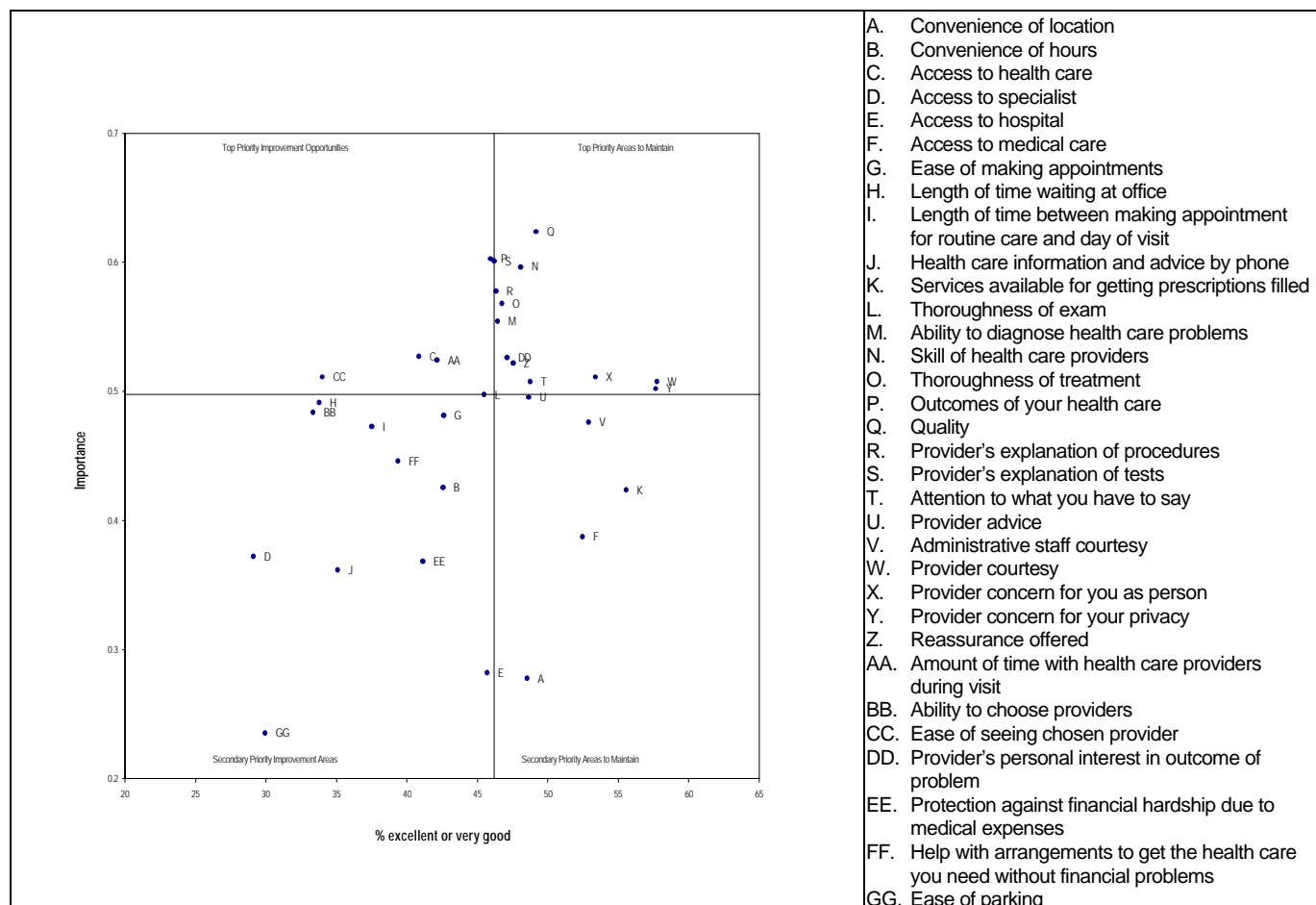
- Ability to diagnose your health care problems (M)
- The outcomes of your health care (how much you are helped) (P)

Concern Shown by Health Care Providers

- Reassurance and support offered to you by health care providers (Z)
- Amount of time spent with health care providers during a visit (AA)

Finances

- Help with arrangements to get the health care you need without financial problems (FF)

Figure 9.3 Performance Improvement Plan for NH LeMoore (0028)**Findings:**

The following aspects of military health care at NH LeMoore were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into four categories, should be the focus of remedial action.

Access to System Resources and Appointments

- Access to health care whenever you need it (C)

Quality of Care

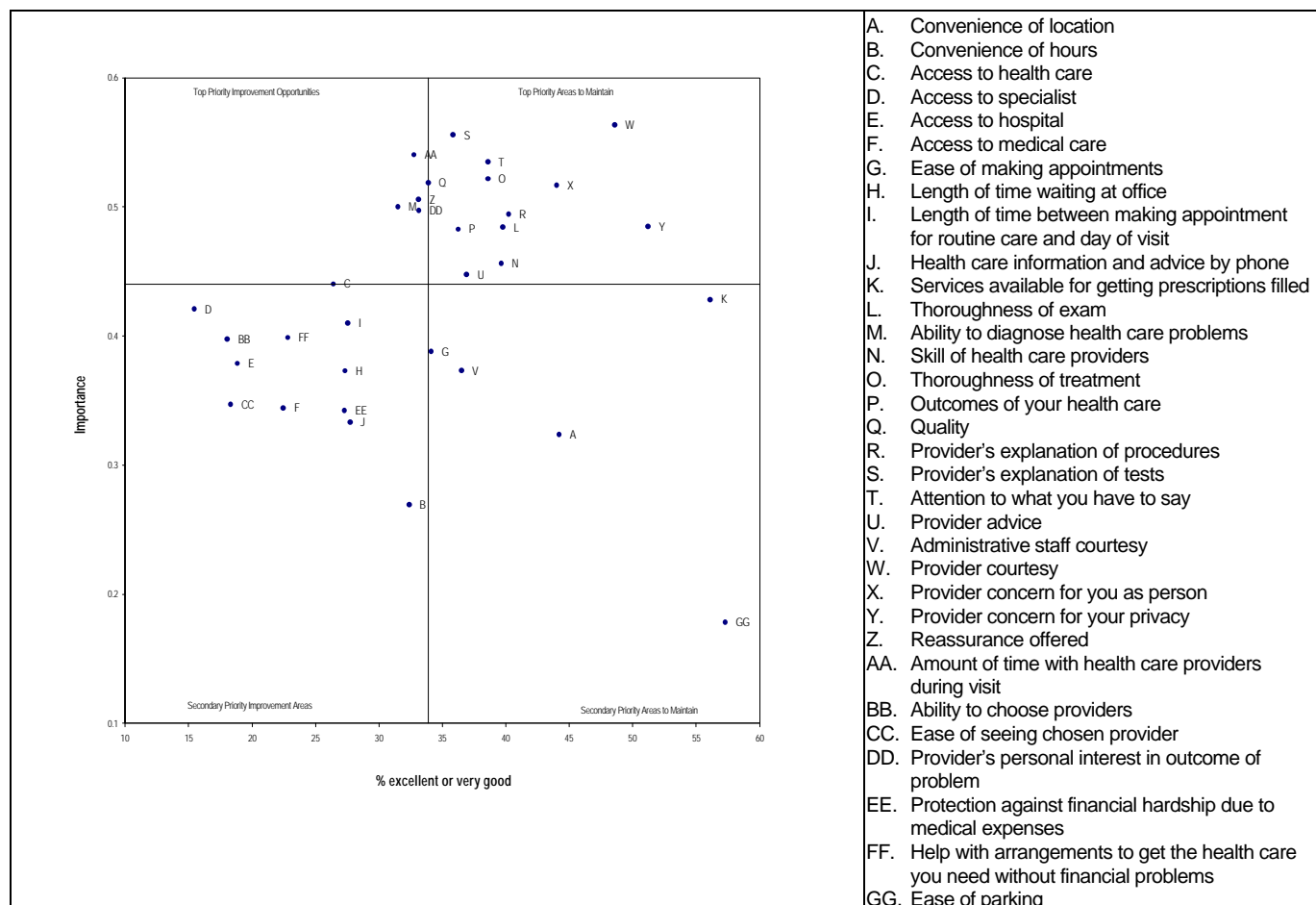
- Thoroughness of examination (L)
- The outcomes of your health care (how much you are helped) (P)
- Provider's explanation of medical tests (S)

Concern Shown by Health Care Providers

- Amount of time spent with health care providers during a visit (AA)

Choice and Continuity of Care

- Ease of seeing the provider of your choice (CC)

Figure 9.4 Performance Improvement Plan for Onizuka AS Clinic (0235)**Findings:**

The following aspects of military health care at Onizuka AS Clinic were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into three categories, should be the focus of remedial action.

Access to System Resources and Appointments

- Access to health care whenever you need it (C)

Quality of Care

- Ability to diagnose your health care problems (M)
- Overall quality of health care (Q)

Concern Shown by Health Care Providers

- Reassurance and support offered to you by health care providers (Z)
- Amount of time spent with health care providers during a visit (AA)
- Health care providers' personal interest in the outcome of your problem (DD)